2010 ELECTION CYCLE

Judicial Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election

Delbert Hosemann SECRETARY OF STATE Campaign Finance Secretary of State

DATESTAMP 4619 Fax 601-544-7436 Home (O) Email Address 🛭 Check here if above is different from previous report November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates Termination Report (Candidate will no longer accept contributions or make Required to terminate reporting campaign expenditures and has no outstanding campaign debt obligation) obligations

IMPORTANT

- in Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-897 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by \$:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

Itemized + Non-itemized =	This Period		Calendar Year-To-Date
Total amount of contributions \$ 638894+\$	\$ 6388.98	\$	6.972.47
Total amount of disbursements \$ 6388,99+\$	\$ 6388.98	\$	6972.47
Total amount of cash on hand	\$	7	All Daid by

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penetties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewick, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 106, Jackson, fax to 601-359-1499 or 601-575-2819.

2. Candidates for countywide and county elistrict offices should return forms to their county Circuit Clerk.

	7	R	Page 1	of
Name of Candidate or Committee	1204	nu Dean	I Individual	
Reporting period JUNE	2010	through June	30,2010	

ITEMIZED DISBURSEMENTS

My Campaign Store	Date (Mo., Day, Year)	Amount of each disbursement this period
My Compaign Store Mailing Address 902 E. Court Ave	12125110	\$ 5 657.44
Jefforsonville IN 47130	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5657.46
Winning Edge Communications,	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. Box 269	612510	° 221.52
A excendria AL 36250		263
Purpose of Disbursement (Optional)	Aggregate Year-to-date	* 485.01
Graph Xonline	Date (Mo., Day, Year)	Amount of each disbursement this period
209 W Washington Aux	6 130110	\$ 390,00
Nowasota TX 77868		S
Purpose of Disbursoment (Optional)	Aggregate Year-to-date	s 390
Austin Lovin	Date (Mo., Day, Year)	Amount of each disbursement this period
Austin Lovin Mailing Address Cove Lone		
Austin Lovin Mailing Address 23 Cove Lone City, States, Zip Fode Hotlies burg, MS 39402	(Mo., Day, Year)	disbursement this period
Mailing Address 23 Cove Lone City, State, Zip Gode Houtlies burs, MS 39402 Perpose of Disbursement (Optional)	(Mo., Day, Year)	s 60
Austin Lovin Mailing Address 23 Cove Lone City, State, Zip Gode Hochies burs, MS 39402 Perpose of Disbursement (Optional) E. Full name	(Mo., Day, Year) (All Solution of the Company o	s 60
Mailing Address 23 Cove Lone City, State, Zip Gode Houties burs, MS 39402 Purpose of Disbursement (Optional) E. Full name Mailing Address	(Mo., Day, Year) 6 1 30 10 6 1 15 1 10 Aggregate Year-to-date Date	s 60 \$ 190 Amount of each
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Mailing Address 23 Cove Lane City, State, Zip Gode Houtlies burs, MS 39402 Perpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Mailing Address Mailing Address Mailing Address	(Mo., Day, Year) (Mo., Day, Year) (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate Year-to-date Date Date Aggregate Year-to-date Date	s 60 S 190 Amount of each disbursement this period \$ S Amount of each
Mailing Address 23 Cove Lone City, State, Zip Gode Houtlies burs, MS 39402 Perpose of Disbursement (Optional) E. Full name City, State, Zip Code Purpose of Disbursement (Optional) F. Full name	(Mo., Day, Year) 6/30/10 6/15/10 Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	s 60 S 190 Amount of each disbursement this period S Amount of each disbursement this period